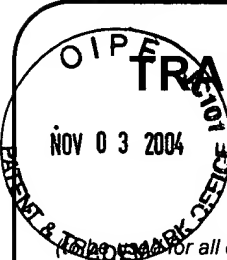


Please type a plus sign (+) inside this box ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031
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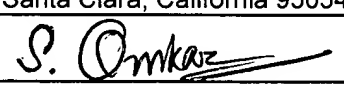
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 (Please use for all correspondence after initial filing)	Application Number	09/752,304	
	Filing Date	Dec. 28, 2000	
	First Inventor	Thierry Besson	
	Confirmation No.	4483	
	Group Art Unit	2124	
	Examiner Name	John Q. Chavis	
Total Number Of Pages In This Submission	12	Attorney Docket No.	AVA009 US

ENCLOSURES (check all that apply)

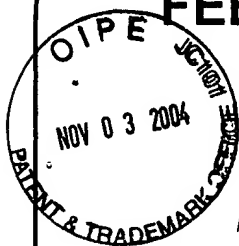
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached -- Check \$110 (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (7 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> This is a Response to Missing Parts/ Incomplete Application under 37 CFR 1.52 or 1.53	Remarks	
<input type="checkbox"/> Copy of Notice To File Missing Parts (2 pages)	Please charge Deposit Account 50-2263 for any underpaid fee.	

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	November 3, 2004

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FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/752,304
Filing Date	Dec. 28, 2000
First Named Inventor	Thierry Besson
Group Art Unit	2124
Examiner Name	John Q. Chavis
Attorney Docket No	AVA009 US

TOTAL AMOUNT OF PAYMENT

(\$)**110.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge any underpayment and credit any overpayments to:
- Deposit Account Number **50-2263**
- Deposit Account Name **Silicon Valley Patent Group LLP**
- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☒ Payment Enclosed:
- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**0.00**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
23 - 23**	0	X	= \$
Independent Claims 5 - 5**	0	X	= \$
Multiple Dependent	0	140	= \$0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claims, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

** or number previously paid, if greater; For reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**110.00**

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Omkar K. Suryadevara	Registration No. (Attorney/Agent)	36,320	Telephone	(408) 982-8200 ext. 3
Signature	<i>S. Omkar</i>			Date	November 3, 2004